



**ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1200 WEST 3<sup>RD</sup> STREET  
LITTLE ROCK, AR 72201  
PHONE: 501-371-2750  
FAX: 501-683-2604**

Website: [www.insurance.arkansas.gov/license/divpage.htm](http://www.insurance.arkansas.gov/license/divpage.htm)

**NAIC UNIFORM APPOINTMENT/TERMINATION FORM [AID-LI-APT-TERM (10-07)] CAN BE USED TO APPOINT OR TERMINATE INDIVIDUAL PRODUCERS. THE FORM MUST BE USED FOR ALL APPOINTMENTS OR TERMINATIONS—YOU CANNOT PERFORM BOTH TASKS ON THE SAME FORM. THIS FORM MAY BE TYPED, PRINTED IN INK OR COMPUTER GENERATED. ALL INFORMATION IS REQUIRED.**

INDIVIDUAL PRODUCERS MAY BE APPOINTED OR TERMINATED VIA ELECTRONIC PROCESS USING A [NAIC/NIPR](#) PROVIDER OR THE [LEO](#) SYSTEM.

**INSTRUCTIONS FOR APPOINTING INDIVIDUAL PRODUCERS**

USE THE NAIC UNIFORM APPOINTMENT/TERMINATION FORM [AID-LI-APT-TERM (10-07)] FOR NEW INDIVIDUAL PRODUCER APPOINTMENTS.

1. Complete the full name of the appointing insurance company.
2. Complete the full address of the appointing insurance company.
3. Complete name for company contact
4. Complete the company contact telephone number
5. Check the box **Appoint**.
6. Complete the producers' social security number or provide NPN number.
7. Complete the state specific producer number.
8. Complete the producer's name.
9. Complete the producer's license type.
10. Complete the lines of authority for which the company is appointing the producer.
11. Complete the NAIC number of the appointing company.
12. Arkansas does not provide a state specific company number—no data is needed.
13. Complete effective date.
14. Submit a copy of the completed form along with a self-addressed stamped envelope. ***Please Note: The appointment can be confirmed via National Database or the Arkansas Insurance Department's Website at [www.insurance.arkansas.gov/license/divpage.htm](http://www.insurance.arkansas.gov/license/divpage.htm) under agent search. To receive a confirmed processed form the form must be submitted in duplicate along with a postage paid envelope, confirmation of appointment will not be returned to the company. If the form is not legible, the form will be returned unprocessed.***

**USE THE NAIC UNIFORM APPOINTMENT/TERMINATION FORM [AID-LI-APT-TERM (10-07)] FOR TERMINATION OF INDIVIDUAL PRODUCER APPOINTMENT.**

15. Complete the full name of the appointing insurance company.
16. Complete the full address of the appointing insurance company.
17. Complete name for company contact
18. Complete the company contact telephone number
19. Check the box **Terminate**
20. Complete the producers' social security number or provide NPN number.
21. Complete the state specific producer number.
22. Complete the producer's name.
23. Complete the producer's license type.
24. Complete the lines of authority for which the company is terminating the producer's appointment.
25. Complete the NAIC number of the appointing company.
26. Arkansas does not provide a state specific company number—no data is needed.
27. Complete effective date.
28. If the termination is for cause, you must mark this column. A termination if "for cause:" when an insurer ends its relationships with a producer for one of the reasons specified in **Arkansas Code Ann. 23-64-512**. Additional written documentation must be submitted to the Arkansas Insurance Department in accordance with the requirements of **Arkansas Insurance Code Ann. 23-64-515**

## APPOINTMENT FEES

All Appointment Fees Must be paid by the appointing Insurance Company and check must be made payable to "The Arkansas Insurance Department Trust Fund"

All company appointments are now on a one year basis.

### Resident Fee

\$20.00

### Non Resident Fee

\$60.00 \*\*

\*\* Retaliatory Law Provisions May Increase The Applicable Fee.

Limited Lines Appointment Fees – <b>Arkansas Residents Only</b> (Credit Life, Credit Disability (CRI), Mortgage Decreasing Term, Funeral Expense)	<b>Resident</b>
<b>Resident Limited Line Fee</b>	\$17.00

A Postage Paid Envelope is Required with all Request

All Request Must Be Submitted In Duplicate In Order To Receive A Confirmation

All license application/appointment forms submitted to this department must include the Insurance Company identification number as assigned by the National Association of Insurance Commissioners (NAIC#).

## TERMINATION FEES

**IMPORTANT: ONLY ONE APPOINTMENT CAN BE TERMINATED ON EACH AID-LI-APT-TERM FORM.**

All terminations are \$10.00. Check should be made payable to the Arkansas Insurance Department Trust Fund.